02/18/2020 19 : 42

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## FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(b) Address (number and street)check if different than previously reported P.O. BOX 120296  (c) City, State and ZIP Code SAN ANTONIO TX 78212  2. Occupation and Name of Employer (for Individual Filers Only)  4. TYPE OF REPORT (check appropriate boxes):  (a)April 15 Quarterly Report	(a) Name of Individual, Organization or Corporation     TAKING TEXAS TO THE TOP			
SAN ANTONIO  TX 78212  Occupation and Name of Employer (for Individual Filors Only)  4. TYPE OF REPORT (check appropriate boxes):  (a) April 15 Quarterly Report  July 15 Quarterly Report  January 31 Year-End Report  January 31 Year-End Report  b) Is this Report an amendment?  No Yes, it amends the report filed on  THROUGH  THROUGH  THROUGH  TOTAL CONTRIBUTIONS	, , _ ,	eviously reported		
SAN ANTONIO  TX 78212  Occupation and Name of Employer (for Individual Filors Only)  4. TYPE OF REPORT (check appropriate boxes):  (a) April 15 Quarterly Report  July 15 Quarterly Report  January 31 Year-End Report  January 31 Year-End Report  b) Is this Report an amendment?  No Yes, it amends the report filed on  THROUGH  THROUGH  THROUGH  TOTAL CONTRIBUTIONS	(c) City, State and ZIP Code			
2. Occupation and Name of Employer (for Individual Filers Only)  4. TYPE OF REPORT (check appropriate boxes):  (a)   April 15 Quarterly Report		TX 78212	3. FEC Identification Number	
4. TYPE OF REPORT (check appropriate boxes):  (a) April 15 Quarterly Report  July 15 Quarterly Report  October 15 Quarterly Report  January 31 Year-End Report  b) Is this Report an amendment? IN No Yes, it amends the report filed on THROUGH  THROUGH  THROUGH  Under penalty of perjury Leetify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.  TYPE OR PRINT NAME OF PERSON COMPLETING FORM  Koob, Christopher, , ,  Koob, Christopher, , ,  O2/18/2020			C 000017063	
(a) April 15 Quarterly Report	2. Occupation and Name of Employer (for Individual Filers Only)		C C90017963	
(a) April 15 Quarterly Report				
TYPE OR PRINT NAME OF PERSON COMPLETING FORM  Koob, Christopher, , ,  Koob, Christopher, , ,  Value of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.  SIGNATURE  [Electronically Filed]  Koob, Christopher, , ,  02/18/2020	(a) April 15 Quarterly Report  July 15 Quarterly Report  October 15 Quarterly Report  January 31 Year-End Report  b) Is this Report an amendment? No Yes, it amends the report filed on FROM  FROM  MIM / DID / YIYYY			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.  TYPE OR PRINT NAME OF PERSON COMPLETING FORM  SIGNATURE  [Electronically Filed]  Koob, Christopher, , ,  02/18/2020		L		
of, any candidate or authorized committee or agent of either, or any political party committee or its agent.  TYPE OR PRINT NAME OF PERSON COMPLETING FORM  SIGNATURE  [Electronically Filed]  Koob, Christopher, , , O2/18/2020	/. IOIAL INDEPENDENT EXPENDITURES	L	40710.40	
Koob, Christopher, , ,   Koob, Christopher, , ,  O2/18/2020				
02/18/2020	TYPE OR PRINT NAME OF PERSON COMPLETING FORM	[E		
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.	Koob, Christopher, , ,	Koob, Christopher, , ,	02/18/2020	
	NOTE: Submission of false, erroneous or incomplete information	n may subject the person signing this report	to the penalties of 2 U.S.C. §437g.	

## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 3 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full) TAKING TEXAS TO THE TOP Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination TAKING TEXAS TO THE TOP 02 16 2020 Mailing Address P.O. BOX 120296 Amount Zip Code City State 2287.50 SAN ANTONIO  $\mathsf{TX}$ 78212 Transaction ID: F57.4123 Purpose of Expenditure TX Office Sought: ✗ House Category/ State: Payroll - Estimated through 3/3/2020 Senate 28 District: President Name of Federal Candidate Supported or Opposed by Expenditure: CISNEROS, JESSICA, . . X Check One: Support Oppose Disbursement For: x Primary General Calendar Year-To-Date Per Election 2020 4575.00 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination **Texas Organizing Project** 02 16 2020 Mailing Address PO Box 120296 Amount City State Zip Code 762.50 San Antonio  $\mathsf{TX}$ 78212 Transaction ID: F57.4122 TX Purpose of Expenditure Office Sought: House Category/ State: 001 Payroll - Estimated through 3/3/2020 Type Senate 00 District: President Name of Federal Candidate Supported or Opposed by Expenditure: SANDERS, BERNARD, , , **X** Support Check One: Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 1525.00 2020 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Toolbox, LLC 02 16 2020 Mailing Address 2919 Commerce Amount Suite 116 State Zip Code City 7635.50 TX 75226 Dallas Transaction ID: F57.4124 Purpose of Expenditure TΧ Office Sought: House Category/ State: Phone Banking Type Senate 00 District: President Name of Federal Candidate Supported or Opposed by Expenditure: SANDERS, BERNARD, , , **X** Support Check One: Oppose Disbursement For: Primary 2020 General Calendar Year-To-Date Per Election 16796.00 for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures...... 10685.50 (b) SUBTOTAL of Unitemized Independent Expenditures ...... (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)

## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 3 FOR LINE 7 OF FORM 5

IAME OF FILER (In Full) TAKING TEXAS TO THE TOP	
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Toolbox, LLC	M = M / D = D / Y = Y = Y
Mailing Address 2919 Commerce	02 16 2020
Suite 116	Amount
City State Zip Code Dallas TX 75226	22906.50 Transaction ID : F57.4125
Purpose of Expenditure Phone Banking Category/ Type	Office Sought:  House State: TX  Senate District: 28
Name of Federal Candidate Supported or Opposed by Expenditure: CISNEROS, JESSICA, , ,	Check One: President Oppose
Calendar Year-To-Date Per Election for Office Sought 5038	Disbursement For: Primary General  2020 Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
TOSKR	02 16 2020
Mailing Address 1330 Broadway	
3rd Floor	Amount
City State Zip Code Oakland CA 94612	5338.80
	Transaction ID : F57.4126  Office Sought: House State. TX
Phone Dialer Type	Office Sought:   House State: 17  Senate District: 28  President
Name of Federal Candidate Supported or Opposed by Expenditure: CISNEROS, JESSICA, , ,	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 6106	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
TOSKR  Mailing Address  4220 Prostlucius	02 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1330 Broadway  3rd Floor	Amount
City State Zip Code	4770.00
Oakland CA 94612	1779.60  Transaction ID : F57.4127
Purpose of Expenditure Category/	Office Sought: House State: TX
Phone Dialer  Type  Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District: 00 President
SANDERS, BERNARD, , ,	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	30024.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	40710.40